

MINERAL POINT CARE CENTER  
109 NORTH IOWA STREET

MINERAL POINT 53565 Phone: (608) 987-2381  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/03): 55  
Total Licensed Bed Capacity (12/31/03): 58  
Number of Residents on 12/31/03: 48

Ownership: Limited Liability Company  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 49

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		12.5
Supp. Home Care-Personal Care	No					1 - 4 Years		47.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	12.5	More Than 4 Years		31.3
Day Services	No	Mental Illness (Org./Psy)	12.5	65 - 74	0.0			----
Respite Care	Yes	Mental Illness (Other)	2.1	75 - 84	43.8			91.7
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	29.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.1	95 & Over	14.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.2		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	25.0	65 & Over	87.5	-----		
Transportation	No	Cerebrovascular	4.2		-----	RNs		7.1
Referral Service	No	Diabetes	10.4	Gender	%	LPNs		9.7
Other Services	No	Respiratory	2.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	37.5	Male	25.0	Aides, & Orderlies		
Mentally Ill	No		----	Female	75.0			34.9
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	3	100.0	264	27	90.0	111	2	100.0	144	13	100.0	137	0	0.0	0	0	0.0	0	45
Intermediate	---	---	---	3	10.0	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	3	100.0		30	100.0		2	100.0		13	100.0		0	0.0		0	0.0	48	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	16.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	8.3	91.7	0.0	48
Other Nursing Homes	0.0	Dressing	14.6	85.4	0.0	48
Acute Care Hospitals	80.0	Transferring	18.8	47.9	33.3	48
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	20.8	58.3	20.8	48
Rehabilitation Hospitals	0.0	Eating	72.9	14.6	12.5	48
Other Locations	4.0	*****				
Total Number of Admissions	50	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.2	Receiving Respiratory Care	0.0	
Private Home/No Home Health	47.8	Occ/Freq. Incontinent of Bladder	60.4	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	27.1	Receiving Suctioning	6.3	
Other Nursing Homes	13.0			Receiving Ostomy Care	2.1	
Acute Care Hospitals	2.2	Mobility		Receiving Tube Feeding	4.2	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	16.7	
Rehabilitation Hospitals	0.0					
Other Locations	4.3	Skin Care		Other Resident Characteristics		
Deaths	32.6	With Pressure Sores	0.0	Have Advance Directives	95.8	
Total Number of Discharges		With Rashes	14.6	Medications		
(Including Deaths)	46			Receiving Psychoactive Drugs	77.1	

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83.2	80.8	1.03	83.7	0.99	84.0	0.99	87.4	0.95
Current Residents from In-County	77.1	73.7	1.05	72.8	1.06	76.2	1.01	76.7	1.00
Admissions from In-County, Still Residing	16.0	19.8	0.81	22.7	0.71	22.2	0.72	19.6	0.81
Admissions/Average Daily Census	102.0	137.9	0.74	113.6	0.90	122.3	0.83	141.3	0.72
Discharges/Average Daily Census	93.9	138.0	0.68	115.9	0.81	124.3	0.76	142.5	0.66
Discharges To Private Residence/Average Daily Census	44.9	62.1	0.72	48.0	0.94	53.4	0.84	61.6	0.73
Residents Receiving Skilled Care	93.8	94.4	0.99	94.7	0.99	94.8	0.99	88.1	1.06
Residents Aged 65 and Older	87.5	94.8	0.92	93.1	0.94	93.5	0.94	87.8	1.00
Title 19 (Medicaid) Funded Residents	62.5	72.0	0.87	67.2	0.93	69.5	0.90	65.9	0.95
Private Pay Funded Residents	27.1	17.7	1.53	21.5	1.26	19.4	1.39	21.0	1.29
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.6	0.00	6.5	0.00
Mentally Ill Residents	14.6	31.0	0.47	39.1	0.37	36.5	0.40	33.6	0.43
General Medical Service Residents	37.5	20.9	1.80	17.2	2.18	18.8	1.99	20.6	1.82
Impaired ADL (Mean)	43.8	45.3	0.97	46.1	0.95	46.9	0.93	49.4	0.89
Psychological Problems	77.1	56.0	1.38	58.7	1.31	58.4	1.32	57.4	1.34
Nursing Care Required (Mean)	5.5	7.2	0.76	6.7	0.82	7.2	0.76	7.3	0.75